

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

04-07

2. STATE:

Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

Medicaid

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 0

b. FFY 2004 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2A, Page 15

Attachment 2.2-A, Page 16

~~Supplement 1 to Attachment 2.6-A, Page 8~~~~Supplement 6 to Attachment 2.6-A, Page 1~~9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 2.2A, Page 15 (92-11)

Attachment 2.2-A, Page 16 (92-11)

~~Supplement 1 to Attachment 2.6-A,  
Page 8 (95-2)~~~~Supplement 1 to Attachment 2.6-A,  
Page 1 (03-11)~~

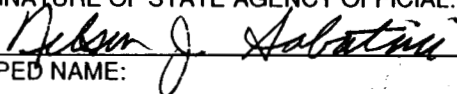
10. SUBJECT OF AMENDMENT:

Clean-up Medicaid eligibility requirements to institutionalized medically needy persons and  
for persons eligible through State supplementary payments.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:Susan J. Tucker, Executive Director  
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Nelson J. Sabatini

14. TITLE: Secretary, Department of Health  
and Mental Hygiene

15. DATE SUBMITTED:

September 16, 2003

16. RETURN TO:

Susan J. Tucker, Executive Director  
OHS - DHMH  
201 W. Preston St., Ste 124  
Baltimore, Md 21201**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

Sept. 18, 2003

18. DATE APPROVED:

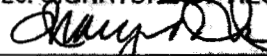
DEC 09 2003

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

MARY T. MCSORLEY

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID + CHILDREN'S HEALTH

23. REMARKS:

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

ATTACHMENT 2.2-A  
Page 15  
OMB No: 0938-

State: Maryland

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Agency*	Citation (s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.232

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10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment ) under an approved optional State supplementary payment program that meets the following conditions. The supplement is - -

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

X (1) All aged individuals.

X (2) All blind individuals.

X (3) All disabled individuals.

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TN No. 04-07  
Supersedes  
TN No. 92-11

Approval Date DEC 09 2003

Effective Date JULY 1, 2003  
HCFA ID: 7983E

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

ATTACHMENT 2.2-A  
Page 16  
OMB No: 0938-

State: Maryland

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Agency*	Citation (s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- |                |          |     |  |
|----------------|----------|-----|--|
| 42 CFR 435.232 | <u>X</u> | (4) | Aged individuals in domiciliary facilities or other facilities or other group living arrangements as defined under SSI.        |
|                | <u>X</u> | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.                           |
|                | <u>X</u> | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.                        |
|                | ___      | (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230 |
|                | ___      | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.    |
|                | ___      | (9) | Individuals in additional classifications approved by the Secretary as follows:  |

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Approval Date DEC 09 2003 Effective Date JULY 1, 2003  
HCFA ID: 7983E